2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000000380

Entity Name: XOS TECHNOLOGIES, INC.

FILED May 31, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
601 CODISCO WAY SANFORD, FL 32779				601 CODISCO WAY SANFORD, FL 32771			
Current Mailing Address:				New Mailing Address:			
601 CODISCO WAY SANFORD, FL 32779			601 CODISCO WAY SANFORD, FL 32771				
FEI Number:	: 59-3558793	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certifica	te of Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address o	of New Reg	istered Agent:
2731 EXEC SUITE 4 WESTON,	VICES, INC. CUTIVE PARK FL 33331 US		rpose o	f changing it	s registere	d office or r	egistered agent, or both,
	e of Florida.				· - 3		- 3 ,
SIGNATUR							
	Electror	ic Signature of Registered Agent	t				Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CD () ATON, DANNY 601 CODISCO SANFORD, FL	WAY		Title: Name: Address: City-St-Zip:	CD ATON, DAN 601 CODIS SANFORD,	CO WAY	()Addition
Title: Name: Address: City-St-Zip:	SD () HEDKE, TIM 601 CODISCO SANFORD, FL			Title: Name: Address: City-St-Zip:	SD HEDKE, TIN 601 CODIS SANFORD,	CO WAY	()Addition
Title: Name: Address: City-St-Zip:	TD () ECCKER, RANI 601 CODISCO SANFORD, FL	WAY		Title: Name: Address: City-St-Zip:	TD ECCKER, R 601 CODIS SANFORD,		
Title: Name: Address: City-St-Zip:	S () RETZ, STANLE 1199 NORTH P DELTONA, FL	AGE CT.		Title: Name: Address: City-St-Zip:		()Change(() Addition
Title: Name: Address: City-St-Zip:	D () BERKMAN, DA' 601 CODISCO SANFORD, FL	WAY		Title: Name: Address: City-St-Zip:	D BERKMAN, 601 CODIS SANFORD,	CO WAY	()Addition
Title: Name: Address: City-St-Zip:	D () BRUCE, SCOT 601 CODISCO SANFORD, FL	WAY		Title: Name: Address: City-St-Zip:	D BRUCE, SC 601 CODIS SANFORD,	CO WAY	() Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM HEDKE D 05/31/2006